

APPENDIX D - DRUG TESTING MANAGEMENT INFORMATION SYSTEM (MIS)
DATA COLLECTION FORM

INSTRUCTIONS

The following instructions are to be used as a guide for completing the Federal Railroad Administration (FRA) Drug Testing MIS Data Collection Form. These instructions outline and explain the information requested and indicate the probable sources for this information. A sample testing results table with a narrative explanation is provided on pages iv-v as an example to facilitate the process of completing the form correctly.

This reporting form includes five sections. Collectively, these sections address the data elements required in the FRA and the U.S. Department of Transportation (DOT) drug testing regulations. The five sections, the page number for the instructions, and the page location on the reporting form are:

<u>Section</u>	<u>Instructions Page</u>	<u>Reporting Form Page</u>
A. RAILROAD EMPLOYER INFORMATION	I	1
B. COVERED EMPLOYEES	i	2
C. DRUG TESTING INFORMATION	ii-vi	3-5
D. OTHER DRUG TESTING/PROGRAM INFORMATION	vi	6
E. DRUG TRAINING/EDUCATION	vi	6

Page 1 **RAILROAD EMPLOYER INFORMATION** (Section A) requires the company name for which the report is done and a current address. Below this, a signature, date, and current telephone (including the area code) are required certifying the correctness and completeness of the form.

Page 2 **COVERED EMPLOYEES** (Section B) requires a count for each Hours of Service Act employee category that must be tested under FRA regulations. The categories are: "Engine Service", "Train Service", "Dispatcher/Operator", "Signal Service", and "Other." The **OTHER** category is a count of employees performing covered service that are not included in specific preceding categories. Examples include yardmasters, hostlers (non-engineer craft), bridge tenders, switch tenders, etc. These counts should be based on the company records as of January 1 of the reported year. The **TOTAL** is a count of all covered employees for all categories combined, i.e., the sum of the column.

Additional information must be completed if your company employs personnel who perform duties covered by the anti-drug rules of more than one DOT operating administration. **NUMBER OF EMPLOYEES COVERED BY MORE THAN**

ONE DOT OPERATING ADMINISTRATION, requires that you identify the number of employees in each employee category under the appropriate additional operating administration(s).

Section C is used to summarize drug testing results for applicants and drug and alcohol testing results for covered employees. There are seven categories of testing to be completed. The first part of the table is where you enter the data on pre-employment/covered service transfer testing. The remaining six parts are for entering drug testing data on random testing, post-positive return to service testing, follow-up testing, for cause drug testing (one part each for "for cause testing" due to accidents/injuries, rules violations, and reasonable suspicion), and for cause alcohol testing (one part each for breath tests due to railroad rules, urine tests due to railroad rules, and breath tests mandated by the FRA), respectively. Items necessary to complete the drug testing tables include:

- 1) the number of specimens collected in each employee category;
- 2) the number of specimens tested which were verified negative and verified positive for any drug(s); and
- 3) individual counts of those specimens which were verified positive for each of the five drugs.

Do not include results of quality control (QC) samples submitted to the testing laboratory in any of the tables.

A sample table with detailed instructions is provided for the first part **PRE-EMPLOYMENT/COVERED SERVICE TRANSFER TESTING**. The format and explanations used for the sample apply to all seven parts of the table in Section C.

Information on actions taken with those persons testing positive is required at the end of page 3. Specific instructions for providing this latter information are given after the instructions for completing the tables in Section C.

Page 3

DRUG TESTING INFORMATION (Section C) requires information for drug testing by category of testing. All numbers entered into the pre-employment/covered service transfer section of the table should be separated into the category of employment for which the person was applying/transferring. The other categories are for employee testing and require information for company employees in covered positions only. Each part of this table must be completed for each category of testing. These categories include: (1) random testing, (2) post-positive return to service testing, (3) follow-up testing, (4) for cause testing due to accidents/injuries, (5) for cause testing due to rule violations, and (6) for cause testing due to reasonable suspicion. These numbers **do not** include refusals for testing. A sample section of the table with example numbers is presented on page v.

Three types of information are necessary to complete the left side of this table. The first blank column with the heading "**NUMBER OF SPECIMENS COLLECTED**," requires a count for all collected specimens by employee category. It should not include refusals to test. The second blank column with the heading "**NUMBER OF SPECIMENS VERIFIED NEGATIVE**," requires a count for all completed tests by employee category that were verified negative by your Medical Review Officer (MRO).

The third blank column with the heading "NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS," refers to the number of specimens provided by job applicants or employees that were verified positive. "Verified positive" means the results were verified by your MRO.

The right hand portion of this table, with the heading "NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG," requires counts of positive tests for each of the five drugs for which tests were done, i.e., marijuana (THC), cocaine, phencyclidine (PCP), opiates, and amphetamines. The number of specimens positive for each drug should be entered in the appropriate column for that drug type. Again, "verified positive" refers to test results verified by your MRO.

If an applicant or employee tested positive for more than one drug; for example, both marijuana and cocaine, that person's positive results would be included once in each of the appropriate columns (marijuana and cocaine).

Each column in the table should be added and the answer entered in the row marked "TOTAL".

A sample table is provided on page v with example numbers.

Page 3

Below the part of the table containing pre-employment/covered service transfer testing information is a box with the heading "Number of applicants/transfers denied employment/transfer in a covered position following a verified positive drug test". This is simply a count of those persons who were not hired/transferred into a covered position because they tested positive for one or more drugs.

Page 3

Below the part of the table containing post-positive return to service testing information, you must record the number of employees returned to duty during this reporting period after having failed or refused a drug test required under the FRA rule. This information should be available from the personnel office and/or drug program manager.

Page 4

FOR CAUSE TESTING data are provided in three separate parts of the table – one for accidents/injuries, one for rules violations, and one for reasonable suspicion. In the shaded portion of the parts for accidents/injuries and rules violations you must indicate whether the testing was conducted under FRA authority or under railroad authority.

The sections of the table for accidents/injuries and rules violations contain two additional columns which must be completed for testing done under railroad authority. The first additional column, labeled "Other Prohibited," requires that you list any drugs, other than the five listed, that are tested under railroad rule (e.g., butalbital). The rightmost column, labeled "Combined," requires that you indicate whether any of these positives were in combination with one or more positive findings for the five drugs (same specimen). If yes, you must attach details (e.g., 2 marijuana/butalbital).

SAMPLE APPLICANT TEST RESULTS TABLE

The following example is for Section C, **DRUG TESTING INFORMATION**, which summarizes pre-employment/covered service transfer testing results. The procedures detailed here also apply to the other categories of testing in Section C which require you to summarize testing results for employees. This example uses the categories "Engine Service" and "Train Service" to illustrate the procedures for completing the form.

A Urine specimens were collected for 157 job applicants for engine service positions during the reporting year. This information is entered in the first blank column of the table in the row marked "Engine Service".

B The Medical Review Officer (MRO) for your company reported that 153 of those 157 specimens from applicants for engine service positions were negative (i.e., no drugs were detected). Enter this information in the second blank column of the table in the row marked "Engine Service".

C The MRO for your company reported that 4 of those 157 specimens from applicants for engine service positions were positive (i.e., a drug or drugs were detected). Enter this information in the third blank column of the table in the row marked "Engine Service".

D With the 4 specimens that tested positive, the following drugs were detected:

<u>Specimen</u>	<u>Drugs</u>
#1	Marijuana
#2	Amphetamines
#3	Marijuana and Cocaine (Multi-drug specimen)
#4	Marijuana

Marijuana was detected in three (3) specimens, cocaine in one (1), and amphetamines in one (1). This information is entered in the columns on the right hand side of the table under each of these drugs. Two different drugs were detected in specimen #3 (multi-drug) so an entry is made in both the marijuana and the cocaine column for this specimen. Information on multi-drug specimens must also be entered in Section D, **OTHER DRUG TESTING/PROGRAM INFORMATION**, on page 6 of the reporting form.

Please note that the sample data collection form also has information for train service on line two. The same procedures outlined for engine service should be followed for entering the data on train service. With applicants for train service positions, 107 specimens were collected resulting in 105 verified negatives and 2 verified positives -- 1 for marijuana and 1 for opiates. This information is entered in the row marked "Train Service".

E The last row, marked "TOTAL", requires you to add the numbers in each of the columns. With this example, 157 specimens from applicants for engine service positions were collected and 107 for applicants for train service positions. The total for that column would be 264 (i.e., 157+107). The same procedure should

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Please note that the sample data collection form also has information for train service on line two. The same procedures outlined for engine service should be followed for entering the data on train service. With applicants for train service positions, 107 specimens were collected resulting in 105 verified negatives and 2 verified positives -- 1 for marijuana and 1 for opiates. This information is entered in the row marked "Train Service".

E The last row, marked "TOTAL", requires you to add the numbers in each of the columns. With this example, 157 specimens from applicants for engine service positions were collected and 107 for applicants for train service positions. The total for that column would be 264 (i.e., 157+107). The same procedure should

be used for each column, i.e., add all the numbers in that column and place the answer in the last row.

PRE-EMPLOYMENT / "COVERED SERVICE" TRANSFER TESTING								
EMPLOYEE CATEGORY	NUMBER OF SPECIMENS COLLECTED	NUMBER OF SPECIMENS VERIFIED NEGATIVE	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG				
				Marijuana (TBC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines
Engine Service	157	153	4	3	1	0	0	1
Train Service	107	105	2	1	0	0	1	0
TOTAL	264	258	6	4	1	0	1	1

A
B
C
D
E

Note that adding up the numbers for each type of drug in a row ("NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG") will not always match the number entered in the third column, "NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS". The total for the numbers on the right hand side of the table may differ from the number of specimens testing positive since some specimens may contain more than one drug.

Remember that the same procedures indicated above are to be used for completing all of the categories for testing in Section C.

Page 5

FOR CAUSE BREATH ALCOHOL TESTS DONE UNDER RAILROAD RULE/POLICY requires information concerning breath alcohol tests conducted on covered employees for specific cause under the authority of the railroad's rules or collective bargaining agreements (i.e., NOT in reliance on Subpart D of CFR Part 219).

FOR CAUSE URINE ALCOHOL TESTS UNDER RAILROAD RULE/POLICY requires information concerning urine alcohol tests conducted on covered employees for specific cause under the authority of the railroad's rules or collective bargaining agreements (i.e., NOT in reliance on Subpart D of 49 CFR Part 219).

"FRA" FOR CAUSE BREATH ALCOHOL TESTS requires information concerning breath alcohol tests conducted on covered employees for cause, under Subpart D of 49 CFR Part 219.

Page 6

There are three items required under **OPERATIONAL TESTS AND INSPECTIONS** concerning the railroad's program for supervising its employees and ensuring they are free from impairments caused by drugs or alcohol.

YEAR COVERED BY THIS REPORT: 19__

A. RAILROAD EMPLOYER INFORMATION

Company _____

Address _____

I, the undersigned, certify the information provided on the attached Federal Railroad Administration Drug Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the period stated.

Signature_____
Title_____
Date of Signature_____
Phone Number

Title 18, U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States. The willful falsification of any information in this report may also subject the submitter to civil or criminal prosecution under Title 45, U.S.C. Section 438(e).

The Federal Railroad Administration estimates that the average burden for this report form is 65 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Office of Safety; Federal Railroad Administration; 400 7th St., S.W.; Washington, D.C. 20590; OR Office of Management and Budget, Paperwork Reduction Project (2130-0526); Washington, D.C. 20503.

B. COVERED EMPLOYEES

COVERED EMPLOYEES						
EMPLOYEE CATEGORY	NUMBER OF FRA COVERED EMPLOYEES	NUMBER OF EMPLOYEES COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION				
		FAA	FHWA	FTA	RSPA	USCG
Engine Service						
Train Service						
Dispatcher/Operator						
Signal Service						
Other*						
TOTAL						

* Includes yardmasters, hostlers (non-engineer craft), bridge tenders, switch tenders, and other miscellaneous employees performing covered service as defined in 49 CFR 228.5 (c).

READ BEFORE COMPLETING THE REMAINDER OF THIS FORM:

1. All items refer to the current reporting period only (for example, January 1, 1994 - December 31, 1994).
2. This report is only for testing REQUIRED BY THE FEDERAL RAILROAD ADMINISTRATION (FRA) AND THE U.S. DEPARTMENT OF TRANSPORTATION (DOT):
 - Results should be reported only for employees in COVERED POSITIONS as defined by the FRA drug testing regulations.
 - The information requested should only include testing for marijuana (THC), cocaine, phencyclidine (PCP), opiates, and amphetamines using the standard procedures required by DOT regulation 49 CFR Part 40.
3. Information on refusals for testing should only be reported in Section D ["OTHER DRUG TESTING/PROGRAM INFORMATION"]. Do not include refusals for testing in other sections of this report.
4. Do not include the results of any quality control (QC) samples submitted to the testing laboratory in any of the tables.
5. Complete all items; DO NOT LEAVE ANY ITEM BLANK. If the value for an item is zero (0), place a zero (0) on the form.

This part of the form requires information on VERIFIED POSITIVE and VERIFIED NEGATIVE drug tests. These are the results that are reported to you by your Medical Review Officer (MRO).

C. DRUG TESTING INFORMATION

EMPLOYEE CATEGORY	NUMBER OF SPECIMENS COLLECTED	NUMBER OF SPECIMENS VERIFIED NEGATIVE	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG				
				Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines
PRE-EMPLOYMENT/COVERED SERVICE TRANSFER								
Engine Service								
Train Service								
Dispatcher/Operator								
Signal Service								
Other								
Total								
RANDOM								
Engine Service								
Train Service								
Dispatcher/Operator								
Signal Service								
Other								
Total								
POST-POSITIVE RETURN TO SERVICE								
Engine Service								
Train Service								
Dispatcher/Operator								
Signal Service								
Other								
Total								
FOLLOW-UP								
Engine Service								
Train Service								
Dispatcher/Operator								
Signal Service								
Other								
Total								

Number of applicants/transfers denied employment/transfer in a covered position following a verified positive drug test:

Number of employees returned to duty during this reporting period after having failed or refused a drug test required under the FRA rule:

C. DRUG TESTING INFORMATION (continued)

EMPLOYEE CATEGORY	NUMBER OF SPECIMENS COLLECTED	NUMBER OF SPECIMENS VERIFIED NEGATIVE	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE DRUGS	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG						
				Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines	Other Prohibited [1]	Combined [2]
FOR CAUSE DRUG TESTING DUE TO ACCIDENT/INJURY *(Accidents NOT qualifying under 49 CFR Part 219 Subpart C) (Testing Conducted Under: FRA Rule Railroad Rule)										
Engine Service										
Train Service										
Dispatcher/Operator										
Signal Service										
Other										
TOTAL										
DUE TO RULES VIOLATION (Testing Conducted Under: FRA Rule Railroad Rule)										
Engine Service										
Train Service										
Dispatcher/Operator										
Signal Service										
Other										
TOTAL										
REASONABLE SUSPICION (Testing Conducted Under: FRA Rule Railroad Rule)										
Engine Service										
Train Service										
Dispatcher/Operator										
Signal Service										
Other										
TOTAL										

[1] Other drugs tested under railroad rule where the use was prohibited by 49 CFR 219.102.

[2] Indicate whether any of these positives were in combination with one or more positive findings for the five drugs (same specimen). If yes, attach details (e.g., 2 marijuana/butalbital).

FOR CAUSE ALCOHOL TESTING

TYPE OF TEST	NUMBER CONDUCTED	NUMBER POSITIVE (= or > .02%)	NUMBER OF REFUSALS
FOR CAUSE BREATH ALCOHOL TESTS UNDER RAILROAD RULE/POLICY			
The following items request information concerning breath alcohol tests conducted on covered employees for specific cause under the authority of the railroad's rule or collective bargaining agreements (i.e. NOT in reliance on Subpart D or CFR Part 219).			
1. Following ACCIDENTS/INCIDENTS:			
2. Following RULE VIOLATIONS:			
3. REASONABLE SUSPICION of current use or impairment:			
FOR CAUSE URINE ALCOHOL TESTS UNDER RAILROAD RULE/POLICY			
The following items request information concerning urine alcohol tests conducted on covered employees for specific cause under the authority of the railroad's rule or collective bargaining agreements (i.e. NOT in reliance on Subpart D or CFR Part 219).			
1. Following ACCIDENTS/INCIDENTS:			
2. Following RULE VIOLATIONS:			
3. REASONABLE SUSPICION of current use or impairment:			
FRA FOR CAUSE BREATH ALCOHOL TESTS			
The following items request information concerning breath alcohol tests conducted on covered employees for cause, under Subpart D of 49 CFR Part 219			
1. Following ACCIDENTS/INCIDENTS:			
2. Following RULE VIOLATIONS:			
3. REASONABLE SUSPICION of current use or impairment:			

OPERATIONAL TESTS AND INSPECTIONS

The following items request information concerning the railroad's program for supervising its employees and ensuring that they are free from impairments caused by drugs or alcohol:

Total number of covered employees observed in documented tests and inspections related to enforcement of the railroad's rules and policies on drug and alcohol use (including, but not limited to, observations for which urine tests were conducted and observations after accidents/incidents and rule violations):	
Number of covered employees charged with a violation of the railroad's Rule G or similar rule or policy on drugs:	
Number of covered employees charged with a violation of the railroad's Rule G or similar rule or policy on alcohol:	

D. OTHER DRUG TESTING/PROGRAM INFORMATION

SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE DRUG						
EMPLOYEE CATEGORY	NUMBER OF VERIFIED POSITIVES	Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines

EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST	Number
Covered employees who refused to submit to a random drug test required under the FRA regulation:	
Covered employees who refused to submit to a non-random drug test required under the FRA regulation:	

E. DRUG TRAINING/EDUCATION

TRAINING DURING CURRENT REPORTING PERIOD	Number
Supervisory personnel who have received initial training on the specific contemporaneous physical, behavioral, and performance indicators of probable drug use as required by FRA drug testing regulations:	